



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

CESAR DUCLAIR MD
3100 TIMMONS LANE #250
HOUSTON TX 77027

Respondent Name

GUIDEONE MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Number 01

MFDR Tracking Number

M4-13-0458-01

MFDR Date Received

October 15, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the request for reconsideration letter: "...EMG/NCV testing: ...Please note from the attached testing results & supporting documentation that all components for this claim were performed and billed appropriately using the TDI-DWC Fee Guidelines and should not be reduced...Please note: Service codes and CPT codes are not to be bundled nor compounded and are to be billed and reimbursed separately and independently from one another..."

Amount in Dispute: \$537.22

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...Per Rule 134.203 correct coding initiatives (CCI) edits were applied to the reimbursement calculation of comprehensive services performed and billed by the HCP. CPT code 95900 when billed in conjunction with applicable and required modifier and submitted along with documentation to support the application of required modifier is allowable...However, when billed without a modifier, as it was, it is considered unallowable if CPT code 95903 is also present...Given the omission of modifier by the HCP, additional allowance is not recommended for CPT code 95900. CPT code A4556 was also denied as the service is considered incidental per Medicare Guidelines and never paid separately."

Response Submitted by: CorVel Corporation

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 20, 2011	95903 and 95904	\$ 537.22	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, 37 *Texas Register* 3833, applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for

resolving a medical fee dispute.

2. 28 Texas Administrative Code §134.203 sets forth the medical fee guideline for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanations of benefits (EOB)

- 435 – per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure
- CAC 193 – original payment decision is being maintained
- 724 – no additional payment after reconsideration
- CAC 97 – the benefit for this service is included in the value of the comprehensive procedure
- 629 – the medically unlikely edits from CMS has been applied to this procedure code

Issues

1. Are the billed codes 95903 and 95904 separately payable?
2. Does code 95934 require a modifier?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. Review of the CCI public files, along with the medical bill provided by the requestor finds that procedure codes 95903 and 95904 are component procedures of another service (95861) billed on the same day. For that reason, procedure codes 95903 and 95904 are not separately payable. The use of an appropriate modifier may be allowed. A review of the submitted bill does not support that any modifier was appended to procedure codes 95903 or 95904.
2. A review of the CCI public files along with the medical bill provided by the requestor finds that procedure code 95934 has been billed on the same day as another procedure without an appropriate modifier. A review of the submitted bill does not support that any modifiers were appended to CPT 95934.
3. The requestor is not entitled to reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution

March , 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.